

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 101018418	FILING DATE	
						APPLICANT(S)		
CLAIMS								
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	NO.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	8
2							52	8
3							53	8
4							54	8
5							55	8
6							56	8
7							57	8
8							58	8
9							59	8
10							60	8
11							61	8
12							62	8
13							63	8
14							64	8
15							65	8
16							66	8
17							67	8
18							68	8
19							69	8
20							70	8
21							71	8
22	9						72	8
23	9						73	8
24	9						74	8
25	9						75	8
26	8						76	8
27	8						77	8
28	8						78	8
29	8						79	8
30	8						80	8
31	8						81	8
32	8						82	8
33	8						83	8
34	8						84	8
35	8						85	8
36	8						86	8
37	8						87	8
38	8						88	8
39	8						89	8
40	8						90	8
41	8						91	8
42	8						92	8
43	8						93	8
44	8						94	8
45	8						95	8
46	8						96	8
47	8						97	8
48	8						98	8
49	8						99	8
50	8						100	8
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	5
TOTAL CLAIMS							TOTAL CLAIMS	61